# STATE OF DELAWARE

# SINGLE POINT OF CONTACT - SPOC INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMSECEIVED Office of Management and Budget Haslet Building, 3<sup>rd</sup> Floor, Dover, Delaware 19901 (302) 739-4206

STATE APPLICATION IDENTIFIER:	2	009 JUL 9	PM 12 25	
59-07-09-03	SPOC use ONLY	Month OT	Reviewer MB	CC's
2. Applicant Project Title: Health Facilities Licensing and Certification, AR	RA Funds			
Applicant Department: Health and Social Services	4. Applicant Division/API	U: 05 - Public He	ealth	
5. Applicant Address: 417 Federal Street, Dover, DE 19901			-	
6. Contact Person: Mary Peterson 7.	Contact Person's Phone No	ımber: 302-995-	8521	
8. Signature of Secretary or Agency Head (for state agencies) or Chief Admi Karryl T. Rattay, MD, MS, FAAP, FACPM designee for Rita Landgraf, Secreta		•	, , ,	
9. Federal Grantor Department: Department of Health and Human Service	10. Federal Su	b-Agency: Cent Servi	ers for Medicare a	ind Medicaid
11. Federal Contact Person: Leuise Burton	12. Phon	e Number: 215-8	861-4249	· · · · · · · · · · · · · · · · · · ·
13. Address: The Public Ledger Building, Suite 216 150 S. Independence Mail West, Philadelphia, PA 19106-3499			·	
4. Federal Program Title:	15. FEDERAL CATALOG	NO: FDA)		
ARRA Funds	93	777		
6. Project Description:		· · · · · · · · · · · · · · · · · · ·		
<ul> <li>This program is aligned to the HHS Action Plan to prevent healthcare associate practices in ambulatory surgical centers; increase the extent to which infection infections in ambulatory surgical centers.</li> </ul>	d infections. It will significan control deficiencies are both i	lly expand the aware dentified and remedie	ness of proper infec d; and prevent futu	tion control re serious
	so, Business Case Numbe	r and brief project s	ummarv:	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>
8. Measurable Objectives: a. What were last year's objectives? This is the first year for ARRA (stimulus) funding.				
b. Were these objectives met? (If not, please explain why)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
N/A		,		
			1 .	
c. What are this year's objectives?				
To survey 33% of all non-deemed/non-accredited ambulatory surgical centers in Del Complete 3 additional ambulatory surgical center surveys and any follow-up visits us	dware using an enhanced sui ing the enhanced survey pro	rvey protocol. tocol.		

(if more space is needed, please attach a sep	arate sheet of paper)			
19. Grant Period: 20.	How many years has this project been funded:	21. If the project was fund awarded?	ded last year, how mu	ch federal money was
From: 10/01/09	0	N/A		
To: 09/30/10				
22. Source of funding for this application:				oflarş
a. Federal grant				
b. Other federal funds Amer (Specify source of funding)	ican Recovery & Reinvestment Act (A	ARRA)		\$24,544.23
c. Required state contribution (Specify source of funding)			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
d. Discretionary state contribution (Specify source of funding)				
e. Required local contribution (Specify source of funding)				
f. Other non- federal funds (Specify source of funding)				
TOTAL		•		\$24,544,23
23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits	\$19,149,17			\$19,147.07
Personal or Contractual Services \$0.00				\$0.00
Travel \$1422:00				\$1422.00
Supplies & Materials	\$107.73			\$107.73
Capital Expenditures \$0.00				\$0.00
Audit Fees \$48.99		<u>.</u>		\$48.99
Indirect Costs			\$1,407.30	
Other Cu			\$2,409.04	
TOTAL			\$24,544.23	
24. How many positions are required for the pr	oject? (Exclude casual/seasonal	l employees)		
Breakdown of pos	Authorized in State Budget	New Positions Required	Total	
Paid for out of federal funds		0.26	,	0.26
Paid for out of General Funds		О		0
Paid for out of state special funds	<del></del>			
Paid for out of bond/local/other funds				
TOTAL		0.26		0.26

25.	PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.
	Grant broads melania and 3. and source.
	· · · · · · · · · · · · · · · · · · ·

# PERSONNEL SUMMARY

AL STATE FEDERAL  .03 0.00 2,141.27  .00 0.00 3,379.38  .06 0.00 3,395.44  .01 0.00 428.01  .05 0.00 1,305.00  .00 1,305.00  .26 0.00 13,377.40  .26 0.00 3,486.15	STATE FEDER!  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	PAYGRADE 20 16 15 15 15	POSITION TI 781 Health Facilities Compliance O 390 Nursing Supervisor (CNS) 528 Compliance Nurse 608 Compliance Nurse 692 Compliance Nurse State Fire Marshal State Fire Marshal	BP NUMBER  650 650 696 706 28 627 28 627 28 627 80B-TOTAL FRINGE AT 26.06 0 HEALTH INSURANCE
0.00		FEDERAL FEDERAL 00 0.00 00 0.06 00 0.06 00 0.01 00 0.05 00 0.04 00 0.26	FTE'S  ATE FEDERAL  0.00 0.00  0.00 0.06  0.00 0.06  0.00 0.01  0.00 0.05  0.00 0.04  0.00 0.26  0.00 0.26  0.00 0.26	Office of Health Facilites Licensing & Certification - ARRA - FFY10           FTE'S           POSITION TITLE         PAYGRADE         STATE         FEDERAL           81 Health Facilities Compliance Officer         20         0.00         0.03           828 Compliance Nurse         15         0.00         0.06           808 Compliance Nurse         15         0.00         0.06           92 Compliance Nurse         15         0.00         0.01           92 Compliance Nurse         15         0.00         0.01           92 Environmental Health Specialist III         15         0.00         0.05           State Fire Marshal         0.00         0.04         0.04           0.00         0.04         0.00         0.04           0.00         0.04         0.00         0.04

NOTE: FTE AND SALARY FIGURES SHOULD REFLECT ONLY THAT PORTION ASSOCIATED WITH THE GRANT.

### **DIRECTOR'S OVERVIEW**

### HEALTH FACILITIES LICENSING AND CERTIFICATION

### FFY 2010 ARRA FUNDING REQUEST for TITLE XVIII NON-LONG TERM CARE PROGRAM

### A. PROGRAM NARRATIVE

The Centers for Medicare & Medicaid Services (CMS) and States will improve quality assurance of Ambulatory Surgical Centers (ASCs) during FY 2010 by implementing a new survey process to promote better infection control practices.

In FY 2010 all State Survey Agencies (SAs) will be required to implement the improved survey process and to survey about one-third of the ASCs as a high (Tier II) priority. SAs may receive Recovery Act funding to offset the additional costs of these surveys.

ASCs have been the fastest growing type of institutional provider/supplier participating in Medicare, increasing in number by more than 38 percent between 2002 and 2007. ASCs currently account for 43 percent of all same-day surgery in the United States. When ASCs are inspected, deficiencies are often cited.

This program is aligned to the Department of Health and Human Services Action Plan to Prevent Healthcare Associated Infections (HAIs).

This initiative will significantly expand the awareness of proper infection control practices among ASCs, increase the extent to which infection control deficiencies are both identified and remedied, and prevent future serious infections in ASCs.

### **B. BUDGET COMPARISON**

The budget includes funding for salaries and fringe benefits, travel, communications, supplies, training, membership in the Association of Operating Room Nurses (AORN) and all associated costs/fees at the State approved rate.

	FFY09	FFY09	FFY10
	Requested	Received	Requested
Title XVIII (Medicare) Program	\$0/00	\$0.00	\$24,544.23

This program initiative is mandatory as part of the State contract with CMS. CMS will not make funding available through the normal budgetary process for this initiative. They have made the funding available, however, through the American Recovery and Reinvestment Act (ARRA). This funding is necessary to complete the certification work required.

### C. RELATIONSHIP TO STATE BUDGET

No State match is required.

		LINE	TEM BUDGE	LINE ITEM BUDGET SUMMARY - OHFLC - ARRA - FFY10	'- OHFLC - A	RRA - FFY10	J		
	0	CURRENT YEAR		AP	APPLICATION YEAR	AR	PE	PERCENT CHANGE	m
COST AREA	FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
Salary/Fringe	0	0	0	19,147.07	0	19,147.07	#DIV/0!	#DIV/0!	#DIV/0!
Personal/Contractual	0	0	0	0	0	0	0.0%	0.0%	0.0%
Travel	0	0	0	1,422.00		1,422.00	#DIV/0!	0.0%	#DIV/0!
Supplies	0	0	0	107.73		107.73	#DIV/0!	0.0%	#DIV/0!
Capital	0	0	0	0		0	#DIV/0!	0.0%	#DIV/0!
Purchase of Service	0	0	0	0		0	0.0%	0.0%	0.0%
Audit	0	0	0	48.99		48.99	#DIV/0!	0.0%	#DIV/0!
Indirect Cost	0	0	0	1,407.30		1,407.30	#DIV/0!	0.0%	#DIV/0!
Other	0	0	0	2,411.14		2,411.14	#DIV/0!	0.0%	#DIV/0!
TOTAL	0	0	0	24,544.23	0	24,544.23	#DIV/0!	#DIV/0!	#DIV/0!

# ASC Planning and Information Room

# **SECTION I - IDENTIFYING INFORMATION**

Gr. 4	37 25:		<del></del>			
State:	Name of State s					
Delaware	Office of Health	Facilitie	es Licensing a	nd Certifi	cation	
Director: State sur	vey agency direc	tor name	: Mary Peter	rson		
Telephone: 302-99	5-8521		FAX: 302-9	95-8529		
E-mail: mary.pete	rson@state.de.us	-				
Point of contact for	or ASC Surveys-I	Recovery	Act Funding			
Name: Paul Hyland						
Street: 417 Federa	l Street		<u> </u>		3	
City: Dover			State: DE	· · · · · · · · · · · · · · · · · · ·	Zip: 19901	
Telephone: 302-74	14-4705		FAX: 302-7	739-3071		
E-mail: paul.hylan	d@state.de.us					
State Hosting Agency: Name of State agency in which the survey agency is located:						
Name/Title of the Agency Head: Division of Public Health						
Karyl T. Rattay, MD, MS, FAAP, FACPM						
Division Director						
Street: 417 Federal	Street					
City: Dover						
Telephone: 302-74	4-4818	E-mail:	karyl.rattay(	@state.de.	us	

# SECTION II - STAFFING PLAN

	Category	logi # People	indjune		dditionalEBES Yeysee <i>lmiyead</i>	
	Time Period	-019	(0)	By Sept 1, 2009	By Jan. 1, 2010	By June 1, 2010
	1. ASC-Primary Surveyors	0	0	0	0	0
A BOOK A	2. Multiple Provider Surveyors – FTE conducting ASC Surveys	5	0.07	0	0.22	0.22
	Subtotal-Health	5	0.07	0	0.22	0.22
300	1. ASC-only Surveyors	0	0	0	0	0
By Tries	2. Multiple Provider Surveyors – FTE conducting ASC Surveys	1	0.01	0	0	0
ON.	Subtotal-Life-Safety Code	1	0.01	0	0.04	0.04
	1. ASC-only Surveyors	0	0	0	0	0
(S. Petro)	2. Multiple Provider Surveyors – FTE conducting ASC Surveys	6	0.08	0	0.26	0.26
	Grand Total-Health + LSC	6	0.08	0	0.26	0.26

### **Capability Expansion and Hiring Plan**

- (a) The Office of Health Facilities Licensing and Certification (OHFLC) has been allowed to fill the 2 vacancies that existed for nurse surveyors. The filling of these positions will expand the OHFLC's capacity to accomplish the additional ASC work to be funded through the initiative. The OHFLC will perform 3 additional ASC surveys (1 more than required) with the funding provided.
- (b) While the State of Delaware has implemented a hiring freeze, the OHFLC has been allowed to fill vacancies. The OHFLC has recently filled 2 vacancies and expects that these new surveyors will be able to assist in the new ASC survey process. The State of Delaware has implemented a 5 day furlough program for the State fiscal year 2010. Out-of-State travel is restricted but will be approved with appropriate justification.

### SECTION III - TRAINING PLAN

Please see the budget analysis in Section VI (II.A.1 & II.A.2) for the plan to train surveyors and supervisory staff in the new survey protocol. The OHFLC has access to the necessary technology for surveyors to participate in the distance learning training.

### SECTION IV - SURVEY PLAN

For 2009: The OHFLC will not be participating in the survey of ASCs using the new survey process on a voluntary basis during the fourth quarter of federal FY 2009 (July, August, Sept.).

For FY 2010: The OHFLC is applying for funding to survey more than 33 percent of non-deemed, non-accredited ASCs in FY 2010. The OHFLC expects to complete 8 possible ASC surveys (allowing for 5 surveys and 3 revisits) during the Federal fiscal year 2010, performing 2 surveys per quarter as necessary.

### SECTION V: BARRIERS AND PROSPECTIVE SOLUTIONS

At the present time, the OHFLC is not expecting any barriers to the implementation of our ASC survey plan. Unplanned surveys in other areas (i.e. immediate jeopardy, EMTALA, etc.) may interfere with the completion of projected surveys because of the limited staff in the OHFLC office.

### SECTION VI - BUDGET ANALYSIS

Please see the budget analysis attached.

### **SECTION VII – SIGNATURES**

The undersigned have reviewed, approved and commit to support the State survey agency in full implementation of the new survey process for Ambulatory Surgical Centers.

Most senior appointed official of the agency in which t	the State survey agency is located:
Signature:	
Karyl T. Rattay, MD, MS, FAAP, FACPM Director, Division of Public Health	[DATE]
Print Name & Title	Date
State survey agency director:	
Signature:	<del></del>
Mary E. Peterson Health Facilities Certification Officer	[DATE]
Print Name & Title	Date

### SECTION VI Budgetary Analysis

Step 200 Ste	EY 2009	frysafa) (Sec Noic
1. ASCs: Enter the number of non-deemed ASCs	11	below)
2. Surveys Done Under Regular Budget: Enter the number of surveys already done in		
2009. For FY 2010, enter 16.5% of row 1.	1	,
3. Additional Surveys Expected: For 2009, enter the number of surveys you expect to do		
using the new Recovery Act survey process during July-Sept 2009. For 2010, enter at least	N/A	4
1/3 of the total number of non-deemed ASCs (from row 1).		
4. Total Surveys: For 2009: Add rows 2 and 3. For 2010: enter only the number in row 3.	1	4
5. Current Hrs/Health Survey: Enter the most recent 12-month average number of hours		
per survey for: (a) the health portion of the survey that is (b) attributable to Medicare.	38.5	38.5
However, if row 2 is less than 12 surveys, use the most recent multi-year period to generate		
a more reliable average.		
6. New Hrs per Health Survey: We expect the health survey portion to take between 6-		
44 more hours compared to the current surveys, depending on how extensive your current	N/A	50
surveys are. Pilot States in FY 2008 averaged between 37 and 63 total hours. A rule of		
thumb is to expect surveys to average 46 hours at first. Some States have surveys already		
taking more than 46 hours. In such a case, we expect the added hours to be less than for a		
State whose surveys currently average fewer than 46 hours. <u>Use your judgement and enter</u>		
here the total hours you expect the new survey will take in your State based on the		
information you have on hand now. If unsure, use 46 hours.		
7. Hourly Rate: Enter the average hourly rate for health survey costs in your state that you		
file on the CMS cost reports (CMS-670).	\$26.30	\$26,30

### I. Survey Salaries

- A. Salaries for implementation of expanded survey process for 2 surveys required by the Mission and Priority Document (MPD).
  - 1. Recertification
    - a. Normal health survey process hours (average) = 38.50
    - b. Enhanced health survey process hours (average) = 50.00
    - c. Additional hours required for health survey = 11.50
    - d. 11.50 health hours x 2 required surveys = 23 additional hours
    - e. 23 additional hours at \$26.30/hour = \$604.90
  - 2. Revisit
    - a. 1 revisit due to new survey process
    - b. Revisit survey hours = 30.00
    - c. 30 hours x \$26.30/hour = \$789.00
- B. Salaries for implementation of expanded survey process for 3 (States may request funding to survey more than one-third of their non-deemed ASCs) additional surveys required by the Centers for Medicare and Medicaid Services (CMS) memo, Ref: S&C-09-43.
  - 1. 3 recertification health surveys
    - a.  $3 \times 47$  surveyor hours/survey = 142 hours
    - b. 142 hours x \$26.30/hour = \$3,735.00

- c.  $3 \times 3$  supervisory hours/survey = 9 hours
- d.  $9 \text{ hours } \times 33.457/\text{hour} = \$301.11$
- 2. 3 recertification Life Safety Code (LSC) surveys
  - a.  $3 \times 14.5$  hours/survey = 43.50 hours
  - b. 43.50 hours x \$30.00/hour = \$1,305.00
- 3. 2 revisit surveys
  - a.  $2 \times 30 \text{ hours/survey} = 60 \text{ hours}$
  - b. 60 hours x \$26.30 = \$1578.00
- C. Salaries for implementation of expanded survey process for 1 sample validation survey.
  - 1. Normal health survey process hours (average) = 38.50
  - 2. Enhanced health survey process hours (average) = 50.00
  - 3. Additional hours required for health survey = 11.50
  - 4. 11.50 health hours x 1 required surveys = 11.50 additional hours
  - 5. 11.50 additional hours at \$26.30/hour = \$302.45

### II. Training

### A. Salaries.

- 1. On-site training in Baltimore
  - a.  $3 \text{ days } \times 8 \text{ hours/day} = 24 \text{ hours}$
  - b. 2 surveyors x 24 hours = 48 hours
  - c.  $48 \text{ hours } \times \$26.30/\text{hour} = \$1,262.40$
- 2. In-office training
  - a. 3 days x 8 hours/day = 24 hours
  - b. 3 surveyors x 24 hours = 72 hours
  - c. 72 hours x \$26.30 = \$1,893.60
  - d. 2 supervisors x 24 hours = 48 hours
  - e. 48 hours x \$33.457 = \$1,605.94
- 3. Travel
  - a. 3 days for travel and accommodations = \$900.00
  - b. 2 surveyors x \$900.00 = \$1,800.00

### III. Survey Travel

- A. Travel for implementation of expanded survey process for 2 surveys required by the Mission and Priority Document (MPD).
  - 1. Health Survey
    - a. 23 additional hours  $\div$  7.5 hours/day = 3 days
    - b. 3 days x \$28.00/day = \$84.00
    - c. 1 revisit for 30 hours = 2 days
    - d. 2 days x \$28.00/day = \$56.00
- B. Travel for implementation of expanded survey process for 3 additional surveys.

- 1. Health Survey
  - a. 3 surveys = 150 hours
  - b.  $150 \text{ hours} \div 7.50 \text{ hours/day} = 20 \text{ days}$
  - c. 20 days vehicle lease x \$28.00/day = \$560.00
  - d. 2 revisit surveys for 60 hours = 4 days
  - e. 4 days x \$28.00 = \$112.00
  - f. 2 surveys with overnight travel
    - i. 2 surveys x 2 nights = 4 nights
    - ii. 4 nights accommodations x \$100.00 = \$400.00
- 2. LSC Survey
  - a. 3 surveys = 43.50 hours
  - b.  $43.50 \text{ hours} \div 7.50 \text{ hours/day} = 6 \text{ days}$
  - c. 6 days vehicle lease x \$28.00/day = \$168.00
- C. Travel for implementation of expanded survey process for 1 sample validation survey.
  - 1. 1 survey = 11.50 additional hours
  - 2.  $11.50 \text{ hours} \div 7.50 \text{ hours/day} = 1.50 \text{ days}$
  - 3.  $1.50 \text{ days } \times \$28.00/\text{day} = \$42.00$

### IV. Benefits

- A. Fringe
  - 1. Total salaries = \$13,377.40
  - 2.  $26.06\% \times \$10,920.87 = \$3,486.15$
- B. Health
  - 1. Total salaries = \$13,377.40
  - 2.  $17.07\% \times \$10,920.87 = \$2,283.52$

### V. Miscellaneous Expenses

- A. Supplies = \$107.73
- B. Communications = \$134.66
- C. Personnel Charge = \$107.12
- D. Computer Allocation Charge = \$216.32
- E. Department of Technology and Information = \$53.04
- F. Indirect Costs = \$1,407.30
- G. Audit Fee = \$48.99
- H. Association of Operating Room Nurses (AORN) membership to access clinical guidelines and standards = \$100.00

### TOTAL BUDGET REQUEST = \$24,544.23